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NURSING IN MISSION STATIONS



(This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.)

THE STUDENT VOLUNTEER CONVENTION

THE convention of Student Volunteers for Foreign Missions, which is held once in four years, has just closed a five days' session in Rochester. Three thousand six hundred delegates were in attendance and some of the best speakers of the country addressed the meetings. "The evangelization of the world in this generation" is the aim of these young people, many of whom are finishing courses of preparation for missionary work. From the few sessions we were able to attend, some facts were gathered which may be helpful to those nurses who are thinking of taking up missionary nursing.

At one session, the question of qualification for missionary candidates was considered, and these were given as important: first, the spiritual qualification; next, the candidate must be well equipped in his own line of work. He must have a high standard of personal health, and must have a full mental equipment, in order to cope with the new intellectual problems of eastern lands. He must have the high moral qualifications which include purity of life, and also social qualifications which give the ability to live in close relationship with uncongenial people, not only natives, but fellow missionaries. He should be large enough to sink his own personality in the interest of the work. His (or her) age should preferably be under thirty, as it is difficult to learn a new language after that time.

In one of the Presbyterian sectional conferences, Dr. Stanley White said, in answer to a question, that three or four trained nurses are needed by his board, and that support is ready for one. Mrs. Coy, of the Woman's Board of the Northwest, said that the greatest number of appeals coming to that board is for women physicians and nurses, that in some cases hospitals are built and their equipment ready, but the workers cannot be found.

In a sectional meeting on China, in which all denominations having

missions there joined, Dr. Tooker gave a clear idea of China's limitations in the matter of native medical help. It is behind the rest of the world in medical science. There are no native Chinese hospitals, for hospitals are a result of Christian civilization, and if there were any, there would be no Chinese doctors ready to man them. There are no insane hospitals, no quarantine regulations, no efforts are made to control an epidemic of plague or cholera. Smallpox patients are not isolated. There is no knowledge of hygiene, no effort to prevent or cure tuberculosis, no knowledge of dentistry. The knowledge of medicine is inadequate to modern needs, such treatments as are given by native doctors are either inert or harmful. They are still using such remedies as tigers' teeth, or deer's horn, ground fine; green worms or centipedes bring high prices for chemical compounds. The native doctors cannot perform surgical operations because they do not know how to control hemorrhage. A native doctor who caused a hemorrhage by opening a boil was carried off to jail, while the patient was left bleeding. There is no knowledge of anæsthetics.

The doctors of the future must be educated in Christian schools or they will be agnostics with low standards of personal morality.

Miss Osborne, a missionary at home on furlough, told how large a territory in the region where she is at work is without medical care,—500,000 people without a physician. On the streets of her city it is common for one to meet a man carrying across his shoulders a pole, from one end of which is slung a basket, from the other a stone. He stops and offers to sell you the contents of the basket for twenty cents, gold. He lifts the cover and reveals the form of a baby girl. If you refuse to buy, the basket and stone will be cast out together.

Mrs. Labaree, a missionary from Persia, said that in her station new missionaries were classed by the women as the smiling-faced and the heavy-faced.

One impression we received from the conference as a whole was that nurses are not yet recognized as a strong factor in mission work, but that the demand for them is rapidly increasing; and that nurses are not yet responding well even to the few calls that come for them. Of the thousands of students in attendance on the convention, from all sorts of schools, colleges, and clubs, we heard of only one nurse being present, though there may have been more.

The indifference of nurses in general to foreign mission work is largely due to lack of education. Most nurses go from the high schools or grammar schools to their hospital training, missing the college courses where the students are well informed on all kinds of missionary work

through speakers from the outside who are constantly called upon to address them. It would be well if such speakers were invited to address student nurses at least once during their course, so that they would be intelligent on the subject and could decide better when a call arises for missionary nurses whether it is work for which they are fitted and to which they would be glad to give themselves. K. DEW.

The China Medical Journal, published by the Medical Missionary Association of China, which comes regularly to our desk and which is one of the most interesting medical journals we receive, reports that the University Hospital of Canton has secured two foreign-trained doctors and a nurse. The hospital building and permanent residences are soon to be built. The nurse is Mary C. Soles, graduate of the Pennsylvania Hospital Training School.

A fresh appeal is made in this magazine by Cora E. Simpson of Foochow for a closer union of missionary nurses in China. She says, in part:

"I, for one, feel the need of coming in contact with the other nurses of China. In the past the nurses have many of them been engaged in other lines of work, but now as in many places, plans are being made to open nurses' training schools; is not the time ripe for us to have a more united work? In the home lands we feel our state and national conventions are great sources of help and inspiration. Perhaps here we would not be able to meet so often on account of the long distances, expense of travelling, and being unable to leave our work for any length of time, but I wonder if we, the nurses of China, could not plan to meet at Hankow next China New Year time, when the physicians have their meeting, and talk over our work together. I know there are nurses' training schools in Peking and Nanking. I would like to meet the ladies who have them in charge, and hear of the work already accomplished and of the plans for the future. If we could plan to meet at the same time and place as the physicians, we would have the opportunity of meeting them and the inspiration of their meetings and presence, and of gaining valuable information from their years of experience and work in China. After such a meeting we certainly would go back to our work with fresh courage, new ideas, and a deeper feeling of helpful fellowship than we ever had before. Dr. Hatfield and I, from our Mission, expect to go. I would like to meet many more of China's missionary nurses there. Let us hear what the other nurses think about it. Can't you plan to go?

"The nurses of South China were the guests of the Fuhkien Med-

ical Association at Kuliang this summer, and greatly enjoyed the papers and discussions. Later in the season, the nurses met one afternoon at Rest Cottage and spent a pleasant and profitable time together. We have chosen Friday of each week as our day of prayer, because on this day the great Physician suffered for us all. We want it to be a special day for prayer for physicians, nurses, hospitals, and all medical work in China. We hope to have more meetings next summer."

RELAPSE IN SCARLET FEVER.—The *Medical Record*, quoting from the *British Medical Journal*, says: J. W. Fox comments on certain conditions which may be mistaken for scarlet fever. One is measles and particularly German measles, in which the error reveals itself in about eighteen days after admission to hospital. Another condition is one produced by food poisoning. Here we have a scarlet rash followed by some fever and a sore throat, but this is never followed by the regular complications of the true fever and the desquamation, if any, is different. It often arises in several members of the same family at the same time. Some of the cases find their way into hospital wards and contract the true disease. A third form is the following: A patient is admitted with true scarlet fever, which runs a typical course. Yet sometimes after the nephritis the rash reappears, the patient is again acutely ill, the tongue repeals and he seems in every way to have another attack of the disease. Nephritis never redevelops. Are these true relapses; are we dealing with two distinct diseases; are the symptoms of the relapse nephritic or are they due to a pyogenic dermatitis? Sometimes the nephritis is wanting in the primary attack, but appears in the secondary. The author has never met a practitioner who remembers having seen a relapse of any other exanthem. He gives no answer to his own inquiries.